practice profiles:

Athletic Trainers in Orthopedic Offices

Athletic trainers (ATs) are routinely employed in hospitals, clinics, and in sports medicine, family, pediatric, orthopedic and psychiatry practices. Physicians and practice managers say ATs working in these settings improve physician productivity, patient outcomes and satisfaction. They move patients more effectively and efficiently through the appointment and treatment process. By treating more patients in the same period of time, physicians are able to improve patient access, throughput and revenue generation.

case study #1

SUNY Downstate Medical Center
Aaron Hajart, MS, ATC
Administrator of Sports Medicine

Founded in 1986, the SUNY Downstate Department of Orthopaedic Surgery and Rehabilitation Medicine is a leading provider of research and musculoskeletal care. The department is part of a clinical, academic and research network and is the home of an accredited residency education program in orthopedic surgery and rehabilitation. SUNY provides educational programs for coaches, sports medicine personnel, health professionals and primary care physicians. SUNY employs fellowship-trained orthopedic surgeons, physiatrists, primary care medicine physicians, athletic trainers, podiatrists, physical therapists, exercise specialists, nurses and physician assistants. All play key roles on the team that is focused on the patient’s recovery and return to activity. University Sports Medicine offers a wide range of services, including pre-participation physicals, on-field event coverage, medical services and clinics for injured athletes, arthroscopic surgery and rehabilitative services.

Athletic Trainers at SUNY

An athletic trainer at SUNY is called a physician extender (PE) and provides comprehensive support to the physician to meet all the clinical needs of the patient. These needs include everything from reviewing the charts to direct patient care.

“Having an AT in my office has been a tremendous asset and has resulted in happier patients, greater productivity and better patient care. They understand the importance of getting my patients back on their feet in a safe, expeditious manner.”

William Urban, MD

Evolution of the Athletic Trainer at SUNY

William Urban, MD, founded the athletic trainer program in 2008. After working with ATs while completing his fellowship, he decided to duplicate the concept at his own clinical department. He found AT clinical competency in musculoskeletal knowledge to be superior to other non-physician providers because ATs evaluate both the acute, sub-acute and chronic musculoskeletal injuries. Dr. Urban saw that non-physician providers generally have limited training in these particular categories.

Athletic trainers at SUNY fall into two categories: full-time clinical and part-time clinical outreach. There are three full-time ATs employed who spend 100 percent of their time in clinical orthopedic operation. In the hybrid model, four ATs work both in the clinical outreach and rotate through different orthopedic specialties, including hand surgeons, joint replacement, spine surgeons, foot and ankle surgeons, orthopedic traumatologist, sports orthopedic and physical medicine.

These ATs earn between $50-60,000 per year before bonus. The bonus is given annually through the physician, based on extra assistance outside of typical duties.

Benefit of using an AT as a Physician Extender

SUNY has used ATs in a variety of areas to improve efficiency, patient care and patient throughput. Utilizing ATs has allowed SUNY to create what they call a “surgical concierge” program. The ATs escort patients through the appointment process, maintain contact, assist in surgery and follow up with them after surgery. Like many academic orthopedic practices, SUNY chooses not to bill for AT services. Instead, they measure success with patient throughput, increased efficiency and effectiveness of a patient visit.

SUNY has found that its physicians gain more time on their schedule — an average of an hour per week — by utilizing athletic trainers. ATs have significantly increased the communication with referral sources at SUNY. Recently, the department has used AT clinical staff to start a DME program, which has been a significant revenue source and allows the department to more efficiently care for patients.

Patients of SUNY

SUNY patients range from 5 to 95 years old, with simple, non-surgical problems to significant surgical orthopedic pathology.
The Steadman Clinic
Bryan Diekmann, MSEd, ATC
Director of Athletic Training Services

The Steadman Clinic in Vail, Colo., is a private orthopedic and sports medicine clinic with specialists who treat all injuries related to sports medicine and trauma. The Steadman AT fellowship places heavy emphasis on clinic, outreach, therapy and research components. William Sterett, MD, founded the Steadman Clinic AT fellowship in 1995 and added ATs to the clinic to facilitate the physicians’ practices and provide clinical education. More than 80 ATs annually apply to the fellowship class, of which 14 are interviewed and seven are accepted.

The Steadman Clinic Athletic Training Fellowship
The Steadman Sports Medicine Clinic’s athletic training fellowship is a 12-month program that allows ATs to expand their education, increase knowledge as a physician extender specialist and work directly with the highly respected physicians and staff. The program consists of 8-week rotations that include responsibilities in the clinical and therapy setting, continuing education, conducting and publishing research and athletic training outreach coverage.

Daily Clinical Responsibilities
The Steadman Clinic employs eight full time ATs on staff and educates seven fellows each year through the fellowship program. The clinic has 11 attending physicians and six orthopedic fellows, all of whom are sports medicine trained and vary from operative to non-operative care platforms. The eight ATs currently on staff are all physician extender/practice coordinators with their respective physicians.

The Steadman Clinic AT fellows are usually the first and last person to see each patient; their role to the clinic is pivotal. The AT has daily interaction with the physicians and primarily assists the attending physicians while seeing patients. Each practice has a diverse set of the type of injuries and patients it examines; therefore the AT responsibilities often change.

“Our ATs essentially function as PAs with certain restrictions. The amount of education and experience they add to our clinic in regard to patient satisfaction is critical in continuing to provide elite patient care.”

William Sterett, MD, founder of the Steadman Clinic AT fellowship program

The Steadman Clinic’s Top 3 Reasons to Hire ATs:
1. Adapt well to high-pressure situations
2. Possess diverse educational backgrounds
3. Provide the greatest value in assisting in clinical evaluation and research

Benefits of Steadman Clinic ATs
The Steadman Clinic ATs are able to increase patient satisfaction by their ability to act as an extension of the physician with continual patient care and communication. Their thorough knowledge of anatomy and evaluation skills along with a strong clinical background allow the physician with multiple options to provide care. ATs are able to increase their salary potential when they assist the physician in treating more patients.

Top 3 Qualities Preferred by the Steadman Clinic
1. Various employment backgrounds in athletic training
2. Excellent presentation and knowledge of information
3. Strong clinical background
Emory Sports Medicine Center

Forrest Pecha, MS, ATC, OTC
Clinic Manager and Director of Athletic Training Service

The Emory Sports Medicine Center provides a full range of surgical and non-surgical treatment services for patients with sports and orthopedic injuries. The patients range from professional athletes to everyday people who enjoy active lifestyles and want to ensure the best possible recovery from injuries.

Emory considers ATs a perfect fit for its orthopedic clinic because they are experienced in working with athletes, athletes’ parents, coaches, physicians and physical therapists (PTs). Overall, ATs have a strong background in musculoskeletal injuries, communication skills and are able to understand medical terminology. The physicians believe in using ATs to increase their efficiency, patient throughput, improved patient satisfaction, and have high expectations of them as professionals. The Emory physicians have seen collections for athletic trainers in billing in incident to MD service.

AT Fellowship at Emory

The Emory Sports Medicine Center has a 12-month fellowship, during which five athletic trainers work directly with sports medicine physicians and staff. The goals of the AT fellowships are:

• Teach the AT comprehensive clinical evaluation skills
• Provide educational opportunities regarding surgical and non-surgical management of orthopedic injuries
• Advance knowledge in the field through participation in orthopedic research and academic education symposiums
• Become an NBCOT Certified Orthopaedic Technologist and learn casting and bracing techniques; ability to assist the physician in the operating room
• To expose the AT to review and understanding radiographic findings with help and education from staff radiologists
• Administrative duties include answering patient clinical phone calls, completing disability paperwork and inventory maintenance

Benefits of Using an AT

Emory uses athletic trainers because they are able to perform skills of multiple health care professionals, therefore decreasing overhead costs; ATs are highly qualified medical professionals who are knowledgeable about musculoskeletal injuries. By using an AT in the office and clinic, the physicians increase their productivity and see more patients. This allows the physicians to improve patient access, provide superior patient care and generate more revenue through additional evaluations and other appointments.

Emory has 10 full time ATs and five AT fellows. The current AT staff works primarily with the seven sports medicine physicians, but ATs are also hired throughout the other orthopedic specialties. The physicians include non-operative, psychiatry, family practice, sports medicine, sports medicine surgical fellows, hand and wrist and primary care sports fellows.

“Between the two worlds of orthopedic surgery and athletic training, we have both the need and the skill to form a symbiotic working relationship. Our vision for the AT fellowship was to expand the educational component to include surgical assistance, radiologic interpretation and clinical business management. While we continually strive to improve our program, we are now producing what I consider to be the ideal orthopedic physician extender.”

John Xerogeanes, MD
Emory University Chief of Sports Medicine

Patients of Emory

The patient population consists of people between the ages of 12 and 55, and most are coming in for orthopedic injuries and want to return to an active lifestyle.

Emory Report

Over a 12-month period in 2008, patient encounters, billed charges and collections were obtained for the practices of two primary care sports medicine fellowship-trained physicians at Emory. A total of 80 clinic days were evaluated for each physician; for 40 of these clinic days, the physicians were accompanied by medical assistants (MAs) as the physician extender. During the other 40 days, an AT provided the ancillary physician support.

For both physicians involved in the study, there were statistically significant increases in all measured parameters when comparing ATs vs. MAs. Physician A saw a 16 percent increase in patient throughput and Physician B saw a 22 percent increase when using the AT in this clinical setting.

Evolution of ATs at Emory

John Xerogeanes, MD, chief of sports medicine at Emory and Georgia Tech team physician, was an orthopaedic fellow at Steadman Hawkins and brought his previous experience of working with ATs to Emory. The program evolved rapidly from three ATs to 15, of which 10 are full time and five are fellows.
Heartland Orthopedic has a team of medical professionals specially trained to treat a wide range of conditions and injuries that occur in adolescence, middle age and mature years. Patients’ injuries range from fractures and other trauma to more specific conditions that require highly specialized procedures and treatments. Heartland’s goal is to reduce pain and increase movement and mobility while providing effective surgical and nonsurgical treatments. Currently, there are 11 athletic trainers, two physical therapists, four physician assistants and one nurse practitioner.

Heartland Physicians

The mission of Heartland is to provide state-of-the-art surgical and nonsurgical orthopedic care in the areas of trauma, sports medicine and elective reconstructive surgery. The seven Heartland Orthopedic Specialists physicians provide comprehensive care that may include counseling, non-operative care, medications, casts, splints, therapy, pain intervention or surgical procedures.

ATs at Heartland

There are 11 athletic trainers that assist patients during a post-surgery visit, including casting, splinting or bracing. The AT staff evaluates, counsels and answers patient questions before, during and after the visit.

The Definition of ATs and Benefit of Using Them at Heartland

Heartland defines a physician extender as a true extension of a physician and a professional that can enhance the medical service provided. Heartland ATs complete necessary paperwork, perform therapy and increase throughput, production and volume for the physician by seeing more patients.

Daily Clinic Responsibilities

One athletic trainer spends 100 percent of his/her time in the clinic working as a physician extender, while the other ATs have a mixture of clinical and outreach expertise, providing services to approximately 12 surrounding schools.

Evolution of an AT at Heartland

After seeing the huge benefit ATs brought to the practice along with their musculoskeletal expertise, the director of sports medicine created the concept of using ATs in the clinic. He saw that ATs are well qualified to work directly with physicians and saw their ability to handle administrative tasks, which allows the physician more time to see patients. Heartland bills incident to for their athletic training services and ATs assist the physician with care of patients during the global period.

Increase of Patients

An AT runs the cast room, and the practice has seen a significant increase in patient throughput. Heartland averages two to four more patients per half day with athletic trainers assisting the physician in the exam room. In addition, the athletic trainers work in the cast room and assist with post-operative visits, which increase the throughput by another two patients per half day per provider.

This comes to an average of four to six additional patients seen per day because of athletic trainers. The ATs open up appointment slots for physicians because they can complete multiple tasks at once.

Top three benefits of Using an AT

1. Improved patient satisfaction
2. Physician satisfaction
3. Versatility of an AT

Challenges of Using an AT as a Physician Extender

- Physician’s lack of understanding of what an AT is
- How individuals perform in their roles
- Where they fit in the hierarchy of the clinic

“ATs have a unique skill set, education and experience that enable us to use them as clinicians and patient advocates. Our providers are able to function more efficiently and offer service to more patients.”

Jefferson C. Brand, MD Orthopedic Surgeon

“ATs are very versatile, you can plug them into different roles and their ability to multi-task is invaluable.”

Mike Doyle, Clinic Administrator

Typical daily duties of an AT in a physician’s office:

- Perform assessments and evaluations
- Organize physician notes and radiographic studies
- Guide patients through the physical exam and post-appointment processes
  - Liaison between physician and patient
- Present final case reviews to physicians
- Casting, splinting and DME/brace fitting
- Perform therapeutic exercise
- Administer gait training
- Instruct in home exercise programs
- In-office procedures